



The Commonwealth of Massachusetts
Registry of Motor Vehicles
One Copley Place Boston, MA 02119
www.mass.gov/rmv

Kimberly Hinden
Registrar

Mail:
Section 5 Division
P.O. Box 199172
Boston, MA 02119-9172
(617) 351-9272

Dear Repair Applicant:

A "Repairer" is defined as any person who is principally and substantially engaged in the business of repairing, altering, reconditioning, equipping, or towing motor vehicles or trailers for the public and who maintains an established place of business as defined in M.G. L. c.90, s.1, with the facilities for the repairing of such motor vehicles or trailers.

If the repairer's sole business is the towing of motor vehicles or trailers for the public, he/she shall possess a valid certificate from the Department of Telecommunications and Energy (DTE) for such towing and must provide the Acting Registrar with a copy of said permit. The repairer must maintain business records on the licensed premises which shall contain the date(s), description of the motor vehicle, including the vehicle identification number, owner and nature of the work.

It will be necessary for you to furnish copies of the following documents in order to obtain Repair plates:

1. **A Business certificate from the city or town in which you are doing business.**
2. **Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).**
3. **DTE Certificate (if towing for hire).**
4. **Federal Identification Number/Employer Identification Number (FID/EIN)* from the Department of the Treasury, Internal Revenue Service. If you currently have an FID/EIN, please enclose a copy of one of the following most common forms of proof of an FID/EIN:**
 - **Top part of Form 942** - Department of the Treasury Employer's Quarterly Federal Tax Return.
 - **Form 8109** - Federal Tax Deposit Coupon.
 - **Any** letter from the IRS to the Corporation/Company, showing the Corporation/Company name and FID/EIN.
 - **Top part of Form 940** - Department of the Treasury Internal Revenue Service US Income Tax Return for a subchapter 'S' Corporation.
5. **Repair shop number issued by Director, Division of Standards, Office of Consumer Affairs (all repair shops that do auto body work, or glass replacements, must apply for a repair shop number, M.G.L. c. 100A.)**

Please complete the enclosed application and return it to this office. A return envelope is provided for your convenience. Your request will be referred for investigation and you will be notified of the result.

* If you do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 978-474-9717.

Note: The business name or corporation name must be spelled exactly the same on all of the above documents.

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NOTE: Compliance Decals: Except for a 'Dealer,' a general registration holder must have a 'Compliance Decal' affixed to each motor vehicle or trailer he or she owns (or leases) that is operated with the assigned General Registration Number Plate. The presence of the Compliance Decal indicates the sales tax (M.G.L. c. 64H) has been paid and that title (M.G.L. c.90D) has been obtained. You will be asked to provide tax and title documentation for each vehicle before any plates can be assigned.

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

Section 5 Division

P. O. Box 199172

Boston, MA 02119-9172

617-351-9272

Date of Application



Application For Repair Registration

REPAIR TYPE: (check all boxes that apply)

☐ General Auto ☐ Auto Body/Glass ☐ Tow

SECTION 1:

Primary Owner Information

☐ Individual ☐ Corp./Co. Number of plates requested _____

MA License or ID number [][][][][][][][][][]

FID Number [][][][][][][][][][]
(Corp./Co. or Individual with a business name)

Name: _____
Last First MI [][] - [][] - [][]
DOB

Corp./Co. Name: _____

Address: _____
Street City ST Zip Code

Secondary Owner Information (if necessary)

MA License or ID number [][][][][][][][][][]

Name: _____
Last First MI [][] - [][] - [][]
DOB

Address: _____
Street City ST Zip Code

SECTION 2:

Business Information

Name: _____

(If the Corp./Co. name is the same as in Section 1, write "same". If not, fill in the business name and attach a copy of the Business Certificate issued by your municipality. If you are an individual using a business name other than your own, you must supply a license number and an FID/EIN.)

Location: _____
Street City ST Zip Code

Mailing Address: _____
Street City ST Zip Code

(Complete if different than Business Location, if not write "same".)

Tele. No. () - _____ Pager No. () - _____

(You must be available for a site visit by the State Police.)

**** ALL INFORMATION IS REQUIRED UNLESS OTHERWISE NOTED ****

T21383-0402

(If a corporation, include the title of the officer or duly authorized agent. If a partnership, both partners must sign.)